

EXPRESS MAIL NO. EV651558658US

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/765,466       |
| Filing Date          | January 26, 2004 |
| First Named Inventor | Sachiko Machida  |
| Art Unit             | 1641             |
| Examiner Name        | Melanie J. Yu    |
| Attorney Docket No.  | 690115.401C1     |

**ENCLOSURES (check all that apply)**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                           | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance<br>Communication to TC   |
| <input checked="" type="checkbox"/> Fee Attached                                   | <input type="checkbox"/> Request for Corrected Filing<br>Receipt                               | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences               |
| <input checked="" type="checkbox"/> Amendment/Response                             | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to<br>TC ( <i>Appeal Notice, Brief,<br/>Reply Brief</i> ) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                 | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                 | <input type="checkbox"/> Power of Attorney,<br>Revocation, Change of<br>Correspondence Address | <input checked="" type="checkbox"/> Return Receipt Postcard   |
| <input type="checkbox"/> Express Abandonment<br>Request                            | <input type="checkbox"/> Declaration   | <input type="checkbox"/> Other Enclosure(s) ( <i>please<br/>identify below</i> ):                       |
| <input type="checkbox"/> Information Disclosure<br>Statement; Form PTO-1449        | <input type="checkbox"/> Statement under 37 CFR<br>3.73(b)                                     | _____   |
| <input type="checkbox"/> Cited References  | <input type="checkbox"/> Terminal Disclaimer   | _____   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                 | <input type="checkbox"/> Request for Refund  | _____   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 C.F.R. 1.52 or 1.53 | <input type="checkbox"/> CD, Number<br>of CD(s) _____  | _____   |
| <input type="checkbox"/> Response to Missing<br>Parts/Incomplete Application       | <input type="checkbox"/> Landscape Table on CD   | _____   |

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |                 |        |
|--------------|---|-----------------|--------|
| Firm Name    | Seed Intellectual Property Law Group PLLC | Customer Number | 00500  |
| Signature    |   |                 |        |
| Printed Name | Karl R. Hermanns                          |                 |        |
| Date         | July 13, 2005                             | Reg. No.        | 33,507 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **for FY 2005**

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/765,466       |
| Filing Date          | January 26, 2004 |
| First Named Inventor | Sachiko Machida  |
| Examiner Name        | Melanie J. Yu    |
| Art Unit             | 1641             |
| Attorney Docket No.  | 690115.401C1     |

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **200**
**METHOD OF PAYMENT (check all that apply)**

- ☒ Check    ☐ Credit Card    ☐ Money Order    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**  
☐ Charge any additional fee(s) or underpayments    ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims      | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-------------------|--------------|----------|---------------|---------------------------|
| <u>34</u> HP = 42 | <u>0</u> X   | _____    | _____         | Fee (\$)                  |
|                   |              |          |               | Fee Paid (\$)             |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims       | Extra Claims | Fee (\$)   | Fee Paid (\$) |
|---------------------|--------------|------------|---------------|
| <u>4</u> -3 or HP = | <u>1</u> X   | <u>200</u> | <u>200</u>    |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

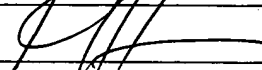
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____ -100 = | _____ /50 =  | _____ (round up to a whole number)               | x        | _____         |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                   |   |                                   |               |           |              |
|-------------------|---|-----------------------------------|---------------|-----------|--------------|
| Signature         |  | Registration No. (Attorney/Agent) | 33,507        | Telephone | 206-622-4900 |
| Name (Print/Type) | Karl R. Hermanns  | Date                              | July 13, 2005 |           |              |



7-16-05

EXPRESS MAIL NO. EV561558658US

IFU  
\$

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Sachiko Machida et al.  
Application No. : 10/765,466  
Filed : January 26, 2004  
For : A METHOD TO PRODUCE A RECEPTOR CHIP USING  
BIOTINYLATED PROTEIN

Examiner : Melanie J. Yu  
Art Unit : 1641  
Docket No. : 690115.401C1  
Date : July 13, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated April 19, 2005, please amend the application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

07/15/2005 BABRAHA1 00000038 10765466

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